

COMBINED DECLARATION AND POWER OF ATTORNEY	Attorney Docket No. 16NM02033
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Attorney Docket No.
16NM02033

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **MAGNETIC RESONANCE IMAGING APPARATUS (16NM02033)**, the specification of which:

[illegible]

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Certified Copy Attached?

<u>Prior Foreign Application No.</u>	<u>Country</u>	<u>Filing Date</u>	<u>Priority Not Claimed</u>	<u>Yes</u>	<u>No</u>
2002-238971	JAPAN	8/20/2002			

I hereby claim priority benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (patented , pending, abandoned)

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Serial No.	Filing Date	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*list name and registration number*)

Patrick W. Rasche (Reg. No. 37,916), John S. Beulick (Reg. No. 33,338), Bruce T. Atkins (Reg. No. 43,476), Thomas M. Fisher (Reg. No. 47,564), Daniel M. Fitzgerald (Reg. No. 38,880), Robert B. Reeser III (Reg. No. 45,548), and Michael Tersillo (Reg. No. 42,180), all of Armstrong Teasdale LLP, One Metropolitan Square, St. Louis, MO 63102; Carl B. Horton, (Reg. No. 34,622), Peter Vogel (Reg. No. 41,363), and, Michael A. Della Penna (Reg. No. 45,697), all of GE Medical Systems, 3000 North Grandview Blvd., W-710, Waukesha, WI 53188; Ronald E. Myrick (Reg. No. 26,315); Henry J. Policinski (Reg. No. 26,621), John F. Beninati, Reg. No. 40,510, all of General Electric Company (W3C), 3135 Easton Turnpike, Fairfield, CT 06431-0001

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:Full Name: Yoshikazu IkezakiSignature: *Yoshikazu Ikezaki* Date: 6/5/2003Residence: Tokyo, JapanCitizenship: JapanPost Office Address: GE Yokogawa Medical Systems, 7-127, Asahigaoka 4-chome, Hino-shi, Tokyo 191-8503
JAPAN**SECOND JOINT INVENTOR, IF ANY:**

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____
_____**THIRD JOINT INVENTOR, IF ANY:**

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____
